

7 120

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

266

BUREAU OF VITAL STATISTICS

State Index No.

County PimaCounty Registered No. 14District
Town Casa Grande
Or City

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's No.

No. _____ St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME

Narmon Coleman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Indian Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH Oct 29 1880
(Month) (Day) (Year)

AGE 29 yrs. 0 mos. 0 days hrs., or min.
If less than 1 day

OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed or (employer) Driller

BIRTHPLACE (State or country) Arkansas

NAME OF FATHER Emos Coleman

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Nancy Lister

BIRTHPLACE OF MOTHER (State or country) Arkansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gerina Rogers
(Address) _____

PLACE OF BURIAL OR REMOVAL Arizona DATE OF BURIAL OR REMOVAL Jan 7 1914

UNDERTAKER Will Davis ADDRESS Casa Grande

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1914
(Month) (Day) (Year)

I hereby certify, that I attended deceased from _____
191 to 191; that I last saw h. alive on 191, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing

Death was as follows: Tuberculosis of Lungs

(Duration) 3 yrs. 0 mos. 0 days

Was disease contracted in Arizona? No
If not, where? California

CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days

(Signed) _____ 191 (Address) _____

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona 2 yrs. _____ mos. _____ ds.

Former or Usual Residence California

Filed 191 A. J. Plotts Local Registrar

Filed Jan 20 1914 W. H. Rogers County Registrar